

FREE AND REDUCED PERCENTAGE VERIFICATION
Telephone Contact Information

Provider's Name _____

Provider Street Address _____

Please list below:

School District _____

Director of Pupil Personnel in the School District _____

Phone Number of DPP () _____

Elementary School serving the FDCH's address _____

Date Obtained _____

Percentage of Free and Reduced in this school as verified by the Food Service Director or
other authority in the school _____ Free

_____ Reduced

_____ Total

_____ % of Free and Reduced

Name of Food Service Director or other authority _____

Date Obtained _____

Name of Sponsor Staff completing this form _____

Date _____